

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1958

58-027479
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7228

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			d. STREET ADDRESS 5321a Wells Ave.		
3. NAME OF DECEASED (Type or print) Cloyd M. Stewart			4. DATE OF DEATH Month July Day 22 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1903		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (City and state or country) Manchester, Illinois.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME William E. Stewart		13b. MOTHER'S MAIDEN NAME Luella Smith		14. NAME OF HUSBAND OR WIFE Hazel M. Stewart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 329-01-2760		17. INFORMANT Address Mrs. Hazel M. Stewart, 5321a Wells Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atale etasis of lung due to myocardial phg. Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Coronary atherosclerosis. DUE TO (c) 5390					INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 15 1958 to July 22 and last saw him alive on July 21 1958 Death occurred at 7 A. M. m in the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James R. Mudd M.D.			22b. ADDRESS 634 N. Grand Blvd		22c. DATE SIGNED July 22 1958
23a. BURIAL, CREATION, REMOVAL (Specify) Removal-Motor		23b. DATE 7/24/58	23c. NAME OF CEMETERY OR CREMATORY Local Cemetery		23d. LOCATION (City, town, or county) (Specify) Girard, Illinois.
24. FUNERAL DIRECTOR Drehmann-Harral			25. DATE RECD. BY LOCAL REG. JUL 23 58		26. REGISTRAR'S SIGNATURE Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2-5-1762

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353x

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.